

Reactive Stats Summary

Alcohol-specific deaths statistics, 2023

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The latest data on alcohol-specific death rates in Scotland highlights a pressing public health challenge marked by significant health inequalities

In deprived communities, the higher prevalence of alcohol misuse can often be attributed to coping mechanisms in response to adverse social and economic conditions. This is compounded by high availability (analysis shows that, in Scotland the density of outlets selling alcohol is higher in more deprived areas [1] and that outlet density is associated with higher alcohol related illness and deaths in Scottish cities [2]) and inequalities in access to preventive services and treatment [3]. The persistent trend among men, particularly those in deprived areas, underlines a critical intersection of sex, socioeconomic status, and health outcomes.

50.0 Most Deprived 20%

40.0

30.0

20.0

Least Deprived 20%

0.0

2019 2020 2021 2022 2023

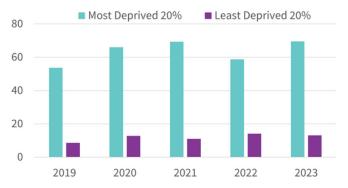
Figure 1. Alcohol specific mortality rate (age-sex standardised rate per 100,00), 2019 to 2023

Source: National Records of Scotland (NRS)

Alcohol mortality rates are higher than they were pre-pandemic (2019) for both deprived and non-deprived groups, with the disparity in outcomes between these groups now wider [4]. In 2022, the most deprived areas experienced a reduction in deaths, but the 2023 rate has now exceeded the pandemic peak. Meanwhile, alcohol-specific death rates in the least deprived areas have been on the rise since 2021. In 2023, the alcohol-specific death rate for individuals in the most deprived quintile was 4.5 times higher than for those in the least deprived quintile.

Overall, alcohol-specific deaths have been predominantly increasing since 2012, with the 2023 levels comparable to the previous year. Males account for about two-thirds of all alcohol-specific deaths. The age-standardised mortality rate per 100,000 for males has remained relatively stable in recent years (32 in 2023, compared to 31 between 2020-2022), following a considerable increase from the 2019 rate.

Figure 2. Alcohol specific mortality rate (age-sex standardised rate per 100,00), males, 2019 to 2023



Source: National Records of Scotland (NRS)

Reflecting the broader trend among the most deprived quintile, alcohol-specific death rates for men in these areas decreased in 2022, but the 2023 rate has now surpassed the pandemic peak. This has further widened the already significant gap in alcohol-specific deaths between men in deprived areas and those in the least deprived areas. In 2022, the alcohol death rate for males in the least deprived quintile reached 14.1, the highest since 2003. While this rate decreased in 2023, it remains above the pandemic peak.

The sustained increase in alcohol-specific deaths in recent years points to the need for targeted interventions that address the root causes of these inequalities, such as poverty, lack of education, and inadequate support systems, as well as the World Health Organization's calls for higher prices and restrictions on availability and marketing [5]. Scotland's Minimum Unit Pricing (MUP) policy, implemented in May 2018, is a public health measure designed to reduce alcohol-related harm by setting a minimum price per unit of alcohol. Previous research conducted by Public Health Scotland and the University of Glasgow concluded that after two and half years of policy implementation, there was a reduction of 13.4% in wholly attributable alcohol deaths in Scotland, compared to England, as the control area [6]. Whilst the latest statistics will call into question the effectiveness of this flagship policy, many will also argue that the evaluation evidence would suggest that the death figures would look even worse without it.

These latest statistics on alcohol-specific deaths in Scotland underline an urgent need for comprehensive policy interventions that go beyond pricing strategies to tackle the root causes of alcohol misuse and related health inequalities. While the MUP policy has shown some success in reducing alcohol consumption and related deaths, the continued rise in mortality rates, particularly among men in the most deprived areas, highlights the complex interplay of social, economic, and health factors that contribute to these outcomes. To address these deeply rooted issues, it is crucial for policymakers to implement a multifaceted approach that includes addressing underlying social and economic inequalities, reducing availability and marketing, as well as ensuring access to mental health and addiction services, community-based support, especially among men and in more deprived communities in Scotland.

Sources

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